



STIONS? CALL YOUR ACCOUNT SPECIALIST, LORRAINE GORDON, AT 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

HELEN S KAHANER
20 HARROGATE DRIVE
HILTON HEAD ISL, SC 29928

PATIENT FILE NO. 2008 Page 1 of 2 MRN 35156600
73
MAKE CHECK PAYABLE TO: PHYSICIAN BILLING DEPARTMENT

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DINERS CLUB
CHARGE \$	TO CREDIT CARD #			
SIGNATURE	EXP. DATE			
STATEMENT DATE	DUUE DATE	AMOUNT YOU OWE	AMOUNT ENCLOSED	
09/29/07	10/14/07	\$4448.14	\$	

MAIL PAYMENT TO:

PHYSICIAN BILLING DEPARTMENT
PO BOX 26352
NEW YORK, NY 10087-6352

PLEASE CHECK THIS BOX IF YOUR ADDRESS OR INSURANCE HAS CHANGED AND MAKE YOUR CHANGES ON THE REVERSE SIDE.

PLEASE DETACH TOP PORTION AND RETURN WITH YOUR PAYMENT

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)

MEDICAL RECORD # 35156600
PATIENT NAME: HELEN S KAHANER

QUESTIONS? CALL YOUR ACCOUNT SPECIALIST, LORRAINE GORDON, AT 646-227-3154, 8:30AM-4:00PM. CALLERS OUTSIDE AREA CODES 212/646/718 SHOULD CALL 800-999-3275.

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT MEMORIAL SLOAN-KETTERING CANCER CENTER. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED. THE RIGHT SIDE DESCRIBES INSURANCE CLAIMS AND PAYMENTS.

INVOICE NUMBER: 13103689

PROVIDER: ROBERT T HEELAN MD
RADIOLOGY GROUP

03/09/07 CHEST SINGLE VIEW FRONTAL. \$45.00
TOTAL CHARGES: \$45.00

PAYMENT ACTIVITY	
03/09/07 TOTAL CHARGES	\$45.00
03/14/07 INSURANCE CLAIM FILED	
03/16/07 PAYMENT PRIMARY INSURANCE	-20.35
AMOUNT YOU OWE	\$16.65

CHARGES INVOICE NUMBER: 13131689

PROVIDER: SAMSON W FINE MD
PATHOLOGY GROUP

03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM \$300.00
03/09/07 LEVEL V-GROSS AND MICROSCOPIC EXAM \$300.00
03/09/07 DECALCIFICATION PROCEDURE \$20.00
03/09/07 LEVEL IV-GROSS AND MICROSCOPIC EXAM 5 UNIT[S] \$750.00
TOTAL CHARGES: \$1370.00

PAYMENT ACTIVITY	
03/09/07 TOTAL CHARGES	\$1370.00
03/22/07 INSURANCE CLAIM FILED	
04/09/07 PAYMENT PRIMARY INSURANCE	-863.10
AMOUNT YOU OWE	\$506.90

CHARGES INVOICE NUMBER: 13220113

PROVIDER: HARRY W HERR MD
UROLOGY GROUP

03/09/07 NEPHRECTOMY, PARTIAL \$11865.00
03/09/07 ULTRASOUND, INTRAOPERATIVE \$500.00
TOTAL CHARGES: \$12365.00

PAYMENT ACTIVITY	
03/09/07 TOTAL CHARGES	\$12365.00
04/23/07 INSURANCE CLAIM FILED	
08/09/07 PAYMENT PRIMARY INSURANCE	-8739.41
AMOUNT YOU OWE	\$3625.59

CONTINUED ON REVERSE SIDE ...

PATIENT NAME	GUARANTOR NAME (IF NOT SAME AS PATIENT)		
STREET ADDRESS, APT #			
STATE / PROVINCE		POSTAL CODE	COUNTRY
EMPLOYER			WORK PHONE NUMBER
PAYER STREET ADDRESS		CITY	STATE ZIP CODE
INSURANCE CHARGED		PRE-PAID	
INSURANCE COMPANY		<input type="checkbox"/> CHECK BOX IF HMO	
SUBSCRIBER'S NAME		SUBSCRIBER'S DATE OF BIRTH	
I.D. NUMBER		I.D. NUMBER	
GROUP/PLAN NUMBER		GROUP/PLAN NUMBER	
EFFECTIVE DATE		EFFECTIVE DATE	
MAILING ADDRESS FOR CLAIMS			
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

*** IF POSSIBLE, PLEASE ENCLOSE A COPY OF YOUR INSURANCE ID CARD (FRONT AND BACK) WITH THIS CHANGE ***

STATEMENT OF PHYSICIAN SERVICES

(STATEMENT DATE: SEPTEMBER 29, 2007)

MEDICAL RECORD # 35166600
PATIENT NAME: HELEN S KAHANER

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INVOICE NUMBER: 13243203

CHARGES

PROVIDER: PAUL H DALECKI MD
ANESTHESIOLOGY GROUP

09/21/07 KIDNEY, URETER SURG
235 MINUTES.....

\$2990.00
TOTAL CHARGES: \$2990.00

PAYMENT ACTIVITY

09/09/07	TOTAL CHARGES	\$2990.00
09/30/07	INSURANCE CLAIM FILED	
09/09/07	PAYMENT PRIMARY INSURANCE	-2691.00
	AMOUNT YOU OWE	<u>\$299.00</u>

YOUR LAST PAYMENT OF \$141.75 WAS RECEIVED ON 05/03/07.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	KINDLY REMIT IN FULL BY 10/14/07
\$4448.14	\$0.00	\$4448.14